

RB 2657

MEMORIAL

RELATIVE TO A

MOTION FOR ESTABLISHING

A

SYSTEM OF OUT-PATIENTS

IN THE

Glasgow Royal Infirmary,

ADDRESSED

To the Managers of that Institution.

By JOHN NIMMO, M. D.

GLASGOW:

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1814.

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THE following Memorial is intended to exhibit the reasons which induced the author to make a motion for modifying the plan at present pursued, in admitting patients into the Glasgow Royal Infirmary. It was written solely for the purpose of being read before a select Committee of Managers, who were appointed to examine the merits of the proposed plan, and give in a report, with regard to its expediency, to a quarterly meeting of Managers. From the extended form which the Memorial had unavoidably assumed, and the complexity of several of its parts, the Committee found it difficult or almost impossible to form a correct opinion by hearing it read, and were obliged to report, in general terms, that the Memorial was not unworthy of the attention of the Managers, but that, to do justice to the subject, it would be necessary to peruse it at leisure, and accordingly recommended that it should be printed. However favourable the opinion which the Memorialist entertained of the nature and tendency of the measure for promoting the interest of the Infirmary, and the good of the poor, he was well aware that some difficulty might attend the attempt to carry it into effect, in consistency with the literal meaning of certain parts of the Charter; at the same time, he could not consider the difficulty as insurmountable.

To ascertain the fact of this being the case or not, and, if necessary, to suggest the means by which the difficulty might be obviated, on the supposition that the measure was approved of, the Managers appointed a Committee to propose certain questions to two Gentlemen well versant in law, from whose opinions they would learn if the proposed measure could be carried into effect without infringing the Charter; or if it could not, what measures would be requisite before adopting it, so as to act in perfect consistency with the law of the land.

The opinions of two able lawyers were consequently taken; and at the last meeting of the Managers, the most important parts of these having been read, they granted permission for printing the Memorial, according to the recommendation of the first Committee.

This ready acquiescence of the Managers, the Memorialist cannot but consider as affording a decisive testimonial to the public most honourable to their characters, that however moderate the abilities, and limited the influence which any individual possesses, they are ever ready to hear and give the due consideration to all observations, which appear to be dictated by sincere and fervent wishes for the welfare of the institution over which they have been appointed to preside, the interests of which they are called upon to guard, and whose improvement they feel it their duty by every mean to promote.

In such circumstances, the Memorialist deems it unnecessary to make any appeal to the candour of the Managers, or of those Subscribers to the Infirmary into whose hands this humble attempt may fall. He has no wish left to be gratified, but to be considered in the present instance, as most sincerely devoted to the best interests of the Glasgow Royal Infirmary; as happy in the prospect of the continuance of its prosperity, and zealous for any measure which is calculated to enlarge the sphere in which it can benefit the poor, by abating to a still greater extent than at present, the misery to which, from poverty and disease, the lower classes are unavoidably exposed. For the imperfections which may be discovered in the mode of conducting the statement of his opinions, the Memorialist hopes that an ample apology will be found in his good intentions; most happy would he be could he add, in the goodness of his cause, without acting presumptuously in anticipating an opinion yet to be formed upon the statements contained in the following paper, by perusing which, the Managers will be enabled to give or withhold their approbation from its leading principle.

Glasgow, 19th December, 1814.

MEMORIAL.

A period of nineteen years has now elapsed, during which time the poor of this City and the adjoining Counties have been permitted to derive the benefit of the Glasgow Royal Infirmary; one class having been admitted into the house, in which their diseases have been treated by the attending Physicians and Surgeons, another class having received advice at the waiting room without the formality of producing recommendations, which the former are obliged to present, except in cases of sudden accidents. Of the benefit which has been conferred upon the lower classes of the community, by the admirable management of the Infirmary during this long period, it is not necessary to speak; indubitable proofs of the utility of the institution may be discovered from the liberal support which has been given to it, and the universal sentiment of approbation which pervades the public mind, in relation to the general mode of conducting its affairs. Respecting a plan which was established after the most mature deliberation, which has already received the sanction of the public in the most unquestionable form, and has been conducted in an undeviating path for so many years, without any suspicion having been entertained that any improvement or alteration could be made upon the general principle, it is necessary to speak with caution, to consider proposed alterations with the greatest attention, and to adopt them only upon a perfect conviction of their practical utility.

It is necessary here to state the limits which the benevolent Gentlemen, who superintended the management of the Infirmary at its erection, appear to have fixed as the proper sphere for the operation of this excellent institution, and this cannot be better done than in the words of the Charter, " That certain well-disposed and charitable persons, well affected to his Majesty's person and government, feeling for the miserable state of the diseased poor, and desirous of contributing to their relief, have raised a sum of money by voluntary subscription, to be applied under certain rules and regulations for the purpose of erecting and supporting an Infirmary in the City of Glasgow, where the sick poor may be collected together and may have all the advantages of lodging, attendance, diet, medicine, and the ablest advice and assistance."

In conformity with the most obvious meaning of this part of the Charter, it has been the regular practice to admit patients, who are properly recommended, into the Infirmary, where they remain until a cure is effected, until convalescence has advanced to a certain point, or if the cases are found to be of an incurable nature, they are either refused admittance, or, after a short time, are dismissed with the best advice which can be given, a part of the duty of the Physician or Surgeon at all times repugnant to his feelings; and cases of such real distress, aggravated by a variety of concurring circumstances, not unfrequently present themselves, as almost make it impracticable to dismiss such patients from the house in consequence of the present restricted plan of medical and surgical superintendence, which permits only the giving medicines to patients while they remain in the house.

Thus have the affairs of the institution been conducted since it was opened for the reception of patients. In the course of which time, a progressive augmentation may be observed in the number of patients annually admitted, arising partly from the increase of inhabitants in the City and Suburbs, and partly from the gradual removal of prejudices from the public mind by the favourable report of those who have derived personal benefit from the institution. The demands

for admission, having gone on progressively increasing, at length engaged the attention of the Managers, when it was found, that, in the crowded state of the house, not only danger might be apprehended, from introducing persons labouring under contagious diseases, in regard to the health of other patients; but, from the wards being too full, that a contagious disease had been generated in the house, which was of the most malignant nature, had proved fatal in more than one instance among the patients, had endangered the lives of more, had rendered certain modes of medical and surgical practice unsafe to be adopted while the disease continued in the House,—a disease the progress of which was arrested only by the most prompt and decisive measures being adopted by the Physicians and Surgeons; that all this had occurred, and that, in similar circumstances, the same contagious distemper might on any future occasion be apprehended, was proved to the satisfaction of many of the Managers, by the concurring testimony of all the Medical Gentlemen who attended the Infirmary last year along with the Medical Managers. Convinced by the statements which were made by the Medical Committee, a majority of Managers were induced to recommend to a general meeting of Contributors, the propriety of enlarging the bounds of the Infirmary, so as at once to enable them to satisfy the demands of the public poor, and to obviate all danger which was justly to be apprehended from keeping the house too full of patients at one time.

That the evils which gave birth to the proposal for enlarging the Infirmary, were real and of great magnitude, has not been denied by any person; that a remedy ought to be provided to meet the exigencies of the case, seemed to be the wish of the numerous body of Contributors who attended the general meeting. But, to the proposal of enlarging the house, several Managers entertained objections, and by a majority of Contributors a vote was passed which necessarily caused a delay in carrying the plan into execution, until funds, deemed adequate to the erection, and sufficient to insure the permanent support of such buildings, together with a probable

addition of patients, were provided by an enlarged subscription.

Such being the state of matters relative to the proposal for enlarging the Infirmary, the Memorialist, under impressions of the existing evils, and the necessity of a speedy remedy, was induced, at the first quarterly meeting in February last, to state his conviction, that, by modifying the present plan of admitting patients, and by establishing an arrangement in many respects resembling that of many similar institutions in different parts of Great Britain, not only would the evils complained of be diminished, but a reduction of the annual expenditure might be effected; and what may be deemed of greater importance, the public charity, at an expense comparatively trifling, and upon a plan which would not add much to the duties of the attending Physicians and Surgeons, might be extended beneficially to several classes of the Community who at present receive only a partial benefit from gratuitous advice at the waiting room.

The motion proposed by the Memorialist, and supported by Walter Ferguson, Esq. Deacon Convenor, was as follows:

1st. That patients, whose diseases permit them to attend at the Infirmary at regular intervals of time, and whose complaints admit of being cured at their own houses, shall have medical or surgical advice, and suitable remedies administered to them, and be considered as Out-Patients of the Infirmary.

2d. That patients, whose diseases subject them to confinement to their own houses, and who require the regular attendance of a Physician or Surgeon, shall be received into the Infirmary as In-Patients.

Two topics of discussion naturally present themselves in attending to the first part of this motion, for with regard to the second, there can be no difference of opinion. Is the establishment of Out-Patients a proper mode of bestowing charity upon the poor, and is it liable to any important practical objections, which should render it inexpedient or unsafe to be

adopted by the Glasgow Royal Infirmary? Or, in the next place, is such a plan in opposition to the Charter of erection, under the sanction of which, the management has been hitherto conducted?

Now, though the last of these evidently appears sufficient to debar all investigation into the merits or utility of the plan, until an affirmative can be given to the question, the Memorialist, for reasons which will presently appear, thinks it will bring the points of discussion more naturally under review, in the order which has been stated; for, by specifying clearly the nature and tendency of his motion, the legality of the measure will be more distinctly perceived: and he is inclined to hope, that, if the utility of the plan can be made apparent, the question respecting the possibility of attaching it to the Infirmary will be brought within the narrowest bounds, and may then be referred to those who are more competent to judge of a question purely legal than he is. But even in the event of the measure being found to be incompatible with the Charter in its present form, there is nothing to prevent the Managers, or a majority of Contributors, from proposing an alteration in some clauses, so as to render the measure perfectly legal: the possibility of such alterations being required, having been contemplated by those who formed the Charter, and even the mode pointed out by which they may be brought about.

To take up the first topic in order, namely,—Is the establishment of Out-Patients a proper mode of bestowing charity upon the poor? The Memorialist can hardly suppose any objection can be raised, which does not equally affect the general principle on which all Infirmaries are established; which is, giving medical and surgical aid to those who need it, but are unable to pay for it. But it is necessary to state, that, by permitting Out-Patients in the manner stated in the first part of the motion, a very large proportion of the population of the City and Suburbs, the children of the poorer classes, will be added to the list of objects to whom the Infirmary may extend its beneficent attention. On the present plan, these are necessarily excluded, or they are admitted only on extraordinary

emergencies. Of the importance of an early attention to the diseases of children, all medical people are fully aware; and it is scarcely necessary to add, that by removing the insuperable objection, which perhaps not seldom occurs, of inability to pay for medicine, parents may be induced to resort early with their children for advice, when nothing more is required for obtaining it and medicine gratuitously, than the formality of a recommendation from a qualified subscriber.

To persons farther advanced in life, labouring under various forms of disease, the Infirmary is open on procuring the recommendation of a qualified subscriber. Even among these it may happen, particularly in mild forms of disease, that circumstances may occur to influence some to prefer residing at their own home, while in the mean time they receive advice and medicines as Out-Patients of the Infirmary. It is very difficult to say, whether upon this view of the subject, the plan will operate to any very considerable extent in reducing the number of admissions; but it does not appear unwarrantable to suppose the case of a parent, who may feel averse to part with any one of his family, by allowing him to go into the Infirmary in a case of little urgency, who would have no objection to participate in the benefit of gratuitous advice and medicine to be used at home. But even supposing that no objections of this nature exist, and that patients apply for admission in the customary manner, it is not unfrequently the case, that to refrain from usual employments and reside in the Infirmary are not essentially necessary to obtain a radical cure. In such cases the plan is easy of execution; the excuse for idleness is removed, the plea of inability to pay for advice and medicine being rendered nugatory. The purse of the public is economically managed, and the habits of industry are not checked in the lower orders of the community.

It will not escape observation also, that even after patients have been admitted into the Infirmary, and before the diseases have been entirely removed, a considerable time frequently elapses during convalescence after all dangerous symptoms have been removed, and that opportunities will frequently oc-

cur to dismiss them as In-Patients, while the convalescence and the cure may be suitably promoted by treating them as Out-Patients. Here also it may be remarked, that many who are dismissed from the Infirmary under the various denomination of *relieved, by desire, with advice, improper or incurable*, might with propriety receive benefit as Out-Patients. Of those stated as relieved, many, it is presumed, would thankfully accept of the privileges of Out-Patients. Of those dismissed by desire, the same may be alleged; the reason for wishing to leave the house, as has been occasionally stated to the Memorialist, during his attendance at the Infirmary, was from a desire to return to the society of their friends, or from the necessity to superintend their domestic affairs. In regard to those dismissed with advice, it may be fairly concluded, that they would the sooner, and without regret, take leave of the House, if they were furnished with medicines in place of a simple prescription, particularly as a farther supply may be obtained subsequently, when application is made for them as Out-Patients. To the classes of improper and incurable patients, the same plan, in a variety of instances, may be found highly useful; for in place of the one class being dismissed on account of the diseases being such as render them improper patients for the Infirmary; and the other, not only consigned over to despair as incurable, but dismissed without medicine, or the possibility of obtaining more, they would still be under the care of the medical or surgical establishment as Out-Patients.

Such are some of the beneficial effects which would result from the adoption of the system of Out-Patients. It would extend charitable assistance to a numerous part of the community, who, according to the present plan, have no claim to urge for it, or whose situation and circumstances prevent them from receiving the benefit of the Infirmary.—It may have the effect of lessening the number of admissions into the Infirmary.—It will allow patients to be dismissed in a shorter time.—It will put it in the power of the medical attendants to allow medicine as well as advice to be given to many individuals,

whose cases abstractly are not only of the most distressing nature, but the severity of which is augmented from the total want of remedies, which, though they may not be able to produce a cure, would have the effect to palliate the anguish of great bodily sufferings.

If the subject is viewed in the light afforded by the practice and experience of other Hospitals where this plan has been adopted, the arguments for establishing a system of Out-Patients will be found to gain additional weight. The following statements have been taken from the Prospectus or Annual Reports of Hospitals in various parts of the kingdom; which exhibit the practice to be general, not only in those which have been established at very distant periods, but in those whose origin is of very recent date.

The Hospitals or Infirmaries, in the principal towns of Scotland and England, may be divided into three classes, according to the extent of their views of giving medical and surgical aid to the diseased poor.

1st. In the first class are those which act upon the principle of the Glasgow Royal Infirmary, namely, to receive and pay particular attention to In-Patients only, and give gratuitous advice to those who choose to apply for it. Some difference may be found in regard to the rules of admission in the various Hospitals, but, in the general principle, the plan is similar. The Hospitals of London, and the Edinburgh Royal Infirmary, are of this description; but with regard to the circumstances of the poor in Glasgow, and in the other places, it must be stated, that, while in these there are as many Dispensaries as Hospitals, to which persons afflicted with diseases may resort for advice and medicine, and even may be visited at their own houses without expense; there is no establishment in Glasgow on so broad a basis, nor capable of accomplishing the same purposes. For though there is an institution something like a General Dispensary for the poor, the appointment of one Surgeon to the Town Hospital cannot be supposed to meet the exigencies of the poorer classes, whose numbers preclude the possibility for supposing that one Sur-

geon, (no Physician having for many years been chosen,) can perform the necessary duties, upon a salary inadequate for such an extended sphere of practice, and who must consequently devote his principal attention to his own private business.

2d. The next description of Public Hospitals comprehends those which receive In and Out-Patients; and by the regulations of these, it is expressly declared that no person, who can be cured as an Out-Patient, shall be admitted on the list of In-Patients; at the same time, an exchange from the one to the other is permitted, as circumstances render it expedient.

The Devon and Exeter Hospital, by the copy of the Statutes, and Constitution of that Charity, published in 1764, and corrected in 1773, is of this description.—The Durham, Newcastle upon-Tyne and Northumberland Infirmary, erected in 1751, according to the printed regulations in that year, and the Annual Report for 1781, the latest which the Memorialist has seen, follows the same plan; and it is deserving of notice, that in the town of Newcastle in 1777, a Dispensary was found necessary. The Bristol Infirmary, erected 1787, in 1782 admitted Out and In-Patients.—The Dumfries Infirmary, at its erection in 1777, and the Gloucester Infirmary, by the printed copy of the Rules and Regulations 1790, were on the same plan. The Derbyshire General Infirmary, was opened in 1810, and by the Annual Report for 1812, had In and Out-Patients.—Of the Sheffield General Infirmary, which was erected in 1797, we have Annual Reports for 1812, and 1813, which make mention of In and Out-Patients, and there is good reason to suppose the plan was the same from the first.—The Nottingham general Hospital was opened in 1782, on the same plan, and by the latest Annual Report for 1813, it continued to be followed out.—The Aberdeen Infirmary began on this plan 1739, and still it is kept up.—The Greenock Hospital and Infirmary, was opened in 1809, and has pursued the plan of having In and Out-Patients, to the date of the latest Annual Report, 4th May 1814.

In these various instances, the system of In and Out-Patients has been carried on, and persisted in, doubtless in consequence of the great utility of the plan, experience having proved it to promote the great object of the respective institutions.

3d. The Manchester Infirmary, in its present form, affords an instance of views still more extensive for the benefit of the poor, and is the only one of the kind, which deserves a separate place from the others, so far at least as the Memorialist can state. At the commencement, in 1752, as appears from the Prospectus published 1755, 1769, 1785, it had an establishment comprehending In and Out-Patients. In 1791 the printed Rules and Regulations make it appear, that at that period or a few years before, the attention to the sick poor was extended, so as to embrace all the branches of the Dispensary, in its most enlarged form; for we find three descriptions of patients, the In, Out, and Home-Patients. By the term Home-Patients is to be understood, those who are visited at their own homes. In this form of a General Hospital, each of these descriptions of patients may be converted into any other which may be more suitable to the case. In the year 1811, the Manchester Infirmary added a fourth class, namely, Out-district Patients; for those who, living out of the boundaries of the town, are visited by the Clerks of the Infirmary, and have medicines supplied from it.

Here then is a wide field laid open for the benevolent affectionate to begin their operations, to perfect a system for ameliorating the condition of the poor, so happily begun by the Glasgow Royal Infirmary. It is but just and reasonable that the Glasgow Royal Infirmary, which gave the first impulse to the charitable feelings of the public mind, upon an extended and regulated plan of general co-operation, should also have the merit of carrying the system on to perfection: for there is a natural and laudable wish, which the Managers may indulge, very different in its nature and tendency from selfishness, that, having had the credit of beginning a good work, and having experienced the inward satisfaction of

seeing it carried forward under the most propitious circumstances, to conduct its leading principle through the various ramifications;—to cultivate the plant, which in youth has produced fruits so fair and so excellent in kind, until it has attained maturity, spread its friendly shade, and bestowed its restorative and invigorating influence to the utmost possible extent. The question now to be decided, is, Is the proposed measure calculated to promote the good of the poor—shall it be carried into effect—shall it be engrafted upon the present institution which is so well matured, possesses so much influence with the public, and enjoys its support to so great an extent, that the association of the one with the other must impart all the effects of a long established institution to an infant society, which otherwise would have to encounter many disadvantages and difficulties on a separate basis?

From the documents to which the Memorialist has had access, he has made the following extracts with the view of establishing more clearly, the general principles which have already been laid down; and to enable the Managers to comprehend more fully the probable effect of instituting a plan such as is expressed in the motion, in assimilating the practice of the Glasgow Royal Infirmary to that of the second description of General Hospitals.

The DERBYSHIRE ANNUAL REPORT for 1812, shows that there were,

In-Patients, 232, of whom 70 were made Out-Patients.

Out-Patients, 483, of whom 14 were made In-Patients.

The Shop expenses, the only part of the Annual expenditure common to both classes, amount to 152*l.* 11*s.* 6*d.*; giving, as the average charge for each patient, about 4*s.* 3*d.*

The SHEFFIELD GENERAL INFIRMARY REPORT, 1812, states,

In-Patients, 445, of whom 224 were made Out-Patients.

Out-Patients, 801, of whom 31 were made In-Patients.

The charges common to both, amount to 295*l.* 3*s.* 5*d.*; giving, as the average charge for each patient, about 4*s.* 8*1/4d.*

1813.

In-Patients, 554, of whom 302 were made Out-Patients.
 Out-Patients, 1045, of whom 27 were made In-Patients.

The charges common to both, amount to 306*l.* 6*s.* 11*½d.*; giving, as the average charge for each patient, about 3*s.* 2*¼d.*

The NOTTINGHAM HOSPITAL REPORT, 1813, states,

In-Patients, 400, of whom 66 were made Out-Patients.
 Out-Patients, 1592, of whom 14 were made In-Patients.

The expenses common to all the patients, amount to 491*l.* 15*s.* 8*d.*; giving, as the average charge for each patient, about 4*s.* 11*¼d.*

ABERDEEN INFIRMARY,

1811.

In-Patients, 822.

Out-Patients, 1277.

The charges common to all the patients, 552*l.* 10*s.*; giving, as the average for each patient, 5*s.* 3*¾d.* nearly.

1812.

In-Patients, 805.

Out-Patients, 1316.

The charges common to all the patients, 838*l.* 11*s.* 7*d.*; giving, as the average for each patient, 7*s.* 10*¾d.*

1813.

In-patients, 752.

Out-Patients, 1270.

The charges common to all the patients, 928*l.* 11*s.* 1*½d.*; giving, as the average for each patient, 9*s.* 7*¾d.* nearly.

GREENOCK INFIRMARY, FROM 5TH MAY, 1813, to 4TH MAY, 1814.

In-Patients, 164.

Out-Patients, 300.

The charges common to all the patients, 127*l.* 18*s.* 6*d.*; giving, as the average for each patient, about 5*s.* 6*d.*

From this statement, it will appear what advantages the

proposal of having Out-Patients may be expected to produce: 1st. In not being obliged to receive so many patients into the house, by giving to the medical and surgical department the means of weakening the force of the claims which, on the present system, are made by people who might be treated as Out-Patients; and by affording a natural outlet for In-Patients, whose cases, at a certain period, may be treated as Out-Patients. 2d. How far the plan may have the effect to diminish the annual expenditure of the house, by treating certain classes of diseases by advice and medicine only, without being put to the expense of board. Against the saving in the last particular, there must of necessity be placed the expense which must be incurred, by admitting certain classes of poor persons to participate in the benefits of the Infirmary as Out-Patients, who at present have no claims upon it but for advice.

The Manchester Infirmary, as has been stated, has in different periods, pursued a different plan. At first, it was limited; but by degrees has gradually been extended to the present form. To give a view of its advantages, the following account is drawn up separate from the rest, even though, for a long period, the proceedings of that Infirmary may be identified with those already treated of.

Annual Report—1809.

In-Patients, 965, of whom 305 made Out-Patients.

Out-Patients, 4650, of whom 60 made In-Patients, 120 made Home-Patients.

Home-Patients, 1579, of whom 80 made In-Patients, 697 made Out-Patients.

The charges common to the patients of every description, amount to 152*4*l.* 8*s.* 2*d.**; giving, as the average for each patient, about *4*s.* 2*½d.** Children inoculated for the cow-pock, though stated in the Annual Reports among the number of Out-Patients, have been here omitted; as no additional charge is incurred by the Infirmary on their account.

Annual Report—1810.

In-Patients, 903, of whom 283 made Out-Patients.

Out-Patients, 5116, of whom 70 made In-Patients, 125 made Home-Patients.

Home-Patients, 1453, of whom 70 made In-Patients, 713 made Out-Patients.

Expenses common to all the patients, 1723*l.* 10*s.* 1*d.*; giving, as the average expense for each patient, 4*s.* 7*½d.*

Annual Report—1811.

In-Patients, 1001, of whom 317 made Out-Patients, 2 made Home-Patients.

Out-Patients, 5166, of whom 111 made In-Patients, 130 made Home-Patients.

Home-Patients, 1424, of whom 63 made In-Patients, 676 made Out-Patients.

Out-district Patients, 61, of whom 24 made Out-Patients.

Expenses common to all the patients, 1663*l.* 12*s.* 9*d.*; giving, as the average expense for each patient, about 4*s.* 4*½d.*

Annual Report—1812.

In-Patients, 1076, of whom 334 made Out-Patients, 4 made Home-Patients.

Out-Patients, 6100, of whom 121 made In-Patients, 139 made Home-Patients.

Home-Patients, 1543, of whom 21 made In-Patients, 565 made Out-Patients.

Out-district Patients, 320, of whom 61 made Out-Patients.

Charges common to all the patients, 2347*l.* 19*s.*; giving, as the average expense for each patient, about 4*s.* 11*½d.*

Annual Report—1813.

In-Patients, 1116, of whom 349 made Out-Patients, 5 made Home-Patients.

Out-Patients, 6528, of whom 136 made In-Patients, 138 made Home-Patients.

Home-Patients, 1686, of whom 23 made In-Patients, 359 made Out-Patients.

Out-district Patients, 344, of whom 46 made Out-Patients.

Charges common to all the patients, 2552*l.* 17*s.* 8*d.*; giving, as the average for each patient, about 5*s.* 9*½d.*

For a very excellent abridged account of the management of these various descriptions of patients, the Memorialist must beg leave to introduce the very luminous statement made by Dr John Mitchell, one of the Physicians to the Manchester Infirmary; whose opinion, founded upon actual observation, must be allowed to carry great weight in recommending the plan.

Letter from John Mitchell, M.D. Manchester, to Henry Houldsworth, Esq. Glasgow.

Dear Sir,

In answer to your letter with which I was favoured, it will afford me great pleasure to give you every information in my power, on the state of the Manchester Infirmary; and for this purpose I have sent you copies of the Rules, and also of the last five Reports. By them you will observe, that this institution is supported partly by benefactions, but chiefly by annual subscription.

The Manchester Infirmary can accommodate 110 patients, and is generally full; the patients admitted into the House, are called In-Patients; those who live at their own houses, and are able to come to the Infirmary to be prescribed for at the Dispensary, are called Out-Patients; and those who are unable to come to the Infirmary, but are visited at their houses, are called Home-Patients.

The Physicians and Surgeons in rotation, admit the In-Patients into the House every Monday morning. Each Physician and Surgeon attends also at the Dispensary, to prescribe for the Out-Patients twice a-week. Two Physicians and two Surgeons attend every day, Sundays excepted. For instance, I prescribe for all the medical Out-Patients, who bring recommendations to the Dispensary, upon Saturday, and I go there likewise upon Wednesday to see those patients.

For the visiting of Home-Patients, the Town is divided into six districts; each district is visited by a Physician and Sur-

geon, and the districts are changed every six months. The medical cases are attended by the Physician, and the surgical cases by the Surgeon. It is not however expected that we should visit our Home-Patients more than once or twice, except in dangerous cases; they are afterwards visited by the Clerks to the Physicians, two or three times a-week. We have two Physicians Clerks who live in the Infirmary, and receive a salary of sixty guineas a-year. They write for the Physicians when they are prescribing for their Out-Patients on the morning at the Dispensary, and they also occasionally visit patients beyond the districts, in certain limits around the Town, called Out-districts. But the Physicians themselves are not expected to visit the Out-district Home-Patients.

You will find, by the reports, that the number of Out-Patients far exceeds that of In-Patients or Home-Patients. The difference of the expense of the patients is very great. It has been calculated that the charge for each In-Patient is 4*l.* or four guineas, whereas each Out-Patient or Home-Patient is supposed to cost the charity upon an average not more than ten shillings or half-a-guinea.

The Physicians and Surgeons have a power of making their patients either In-Patients, Out-Patients, or Home-Patients, as they may judge most proper.

The Physicians order all cases of infectious fever to be removed to the House of Recovery, which is a separate establishment, but attended by the Physicians that belong to the Infirmary, I have sent you a copy of the rules of this institution, and the last two reports of the Board of Health.

Now, I am fully convinced, that, if you were to adopt our plan of making Out-Patients and Home-Patients, and of having a Dispensary in place of enlarging the House, the benefit resulting from it would be much more extensively felt, and the annual expenditure would be considerably diminished.

(Signed) JOHN MITCHELL, M.D.

Manchester, 68. Piccadilly, 9th May, 1814.

Upon that part of this letter which states the average

expense of the Patients, the Memorialist begs to make a remark. In-Patients are calculated to cost from 4*l.* to 4*l.* 4*s.*—Out-Patients and Home-Patients, 10*s.* to 10*s.* 6*d.* A difference so great, that eight Out-Patients may be treated at the charge for one In-Patient, with the other advantages which attend that system, is no small recommendation; but the obvious discrepancy between this and the calculation previously made by the Memorialist, in which the average expense for patients of every description is stated, for 1813, at 5*s.* 3*½d.*, renders it necessary to view the subject more closely, in regard to the extent to which the adoption of this plan would be likely to affect the funds of the Glasgow Royal Infirmary. The data upon which the calculations of the Memorialist are founded, after repeated consideration, appear still to be correct; but to obtain the opinion of the Managers, he begs leave to refer to the abstract of the charges for the last five years, by examining which, they will be able to judge for themselves; all other charges being for articles purchased for the use and accommodation of the In-Patients.

The Memorialist is not, on this account, inclined to consider the statement of Dr Mitchell as incorrect; but he is of opinion, that, probably, the whole expenses attending the Manchester Infirmary have been divided proportionally among all the patients, which the Memorialist did not think necessary to do in the present case, calculating that the establishment, which, at the present time, is able to carry on the business of the Infirmary, would be sufficient for a very considerable establishment of Out-Patients, *particularly if the business of the waiting room of the Glasgow Infirmary was limited, as it ought certainly to be, to bestowing advice upon those who were unable, from POVERTY, to procure it elsewhere.* If, however, an increase of medical attendants, clerks, or assistants to the Apothecary should be found necessary, a proper allowance must be made for the additional expense which would be incurred on these accounts; and certainly the estimate by Dr Mitchell, will, in that case, be found sufficiently ample.

To estimate the value which may be attached to Home and Out-District Patients, is a task from which the Memorialist might with propriety excuse himself; as it forms no part of the motion upon the table; but the subject is forced upon him by the perusal of documents which were put into his hand, subsequent to making the motion, and already he has been compelled to insert a great part of the facts upon which the few remarks which he has to make are founded.

If it be reckoned proper to distribute advice and medicine to the poor who are able to come to the Infirmary, for the purpose of using it at home, how much more suitable, in some cases, to give them to those who are confined to their houses, where they may be neglected and unpitied, unless visited by one who can communicate the balm of sympathy, can prescribe for a diseased body, raise up the mind bowed down under a heavy load of distress, and stimulate it to activity, by the hopes which such attentions are calculated to foster. So true it is, that, to witness real misery, we shall not meet it readily upon the highways, we must search it out in the miserable dwellings of the poor, where we often find, not the voice of clamorous importunity, but of want, of anguish, which the sufferer in vain attempts to suppress, impelled by the aversion which many have to receive public charity; a feeling happily common among our countrymen, which, though sometimes followed by baneful consequences, all who wish well to their country ought by every means to cherish, and most carefully avoid any measure which may have a tendency to limit its influence. Many, it is to be hoped, there are, who, while they would not come forward to receive assistance in public, would gladly receive it in secret from one in whom they could put confidence. Are such objects, then, undeserving of attention, and ought we not sometimes to yield to the prejudices even of those whom we wish to benefit? Is not the situation of those, who are proper objects for admission into the Infirmary, but cannot of necessity leave their families without a guardian over them, calculated to excite a wish that something should be done for their relief, some small pittance from

the public hospital, some share of advice from the medical department, when little might suffice? The accumulated pressure of distress and poverty may at length overcome objections or difficulties to an application for admission; unwilling, perhaps they have delayed too long, till the disease has assumed an incurable form. To the class of incurable patients, the benefit of this plan may be estimated as of no small value. At what a small expense for medicine, how much good may be done in alleviating the most urgent symptoms of many incurable diseases, medical people are well aware; and occasional visits to such patients would not only enable the attendant to recommend what is most suitable, but perhaps might bring to light new and useful information, which might tend to diminish the number of diseases denominated incurable, because medicine has not yet been able to suggest an effectual remedy; but this is no proof that it never shall. One of the most benevolent ideas, which has ever been suggested, is the erection of an Hospital for incurable patients; and could such an institution be formed without annexing the ideas suggested by the name, no institution could be more happily imagined, whether we consider it in regard to the good which would be done to individual objects, or the opportunities which would be granted for suggesting means for preventing, or perhaps of curing such diseases in others. Without mercury, the venereal disease might almost be considered as an incurable distemper, and the discovery of the Peruvian bark for the cure of ague has made it easy to effect a speedy and radical cure. Some happy observation, suggested by careful attention to the phenomena of diseases denominated incurable, may enable the medical practitioner to remove some of the opprobria of medicine. The incurable patient, though refused admission into the house, or dismissed after a short trial of remedies, would, upon this plan, be still an object of attention: as an Out-Patient he may indeed receive advice and medicine, but, in most of these instances, to attend personally is difficult, and in the advanced stages impossible; and no description of the case, by ignorant or il-

literate people, nothing short of actual examination will suffice to enable the Physician or Surgeon to suggest a suitable remedy.

Let us next attend to an objection which may be urged against the plan. The most obvious difficulty which attends it, is the number of the Home-Patients who may require attendance, and the widely extended limits of the City, in the various divisions of which the patients reside. By the annual report of the Manchester Infirmary for 1813, they amount to 1686. These require to be visited once at least, when in general it would be found, that many of them by partial relief being afforded to them, might be converted to Out-Patients or In-Patients; for we find that of this number, 359 were made Out-Patients, and 23 made In-Patients; and it is stated by Dr Mitchell, that it is not expected that the Physician should visit them above once or twice, except in dangerous cases; farther attendance being given by Clerks, of whose capacity for giving a faithful report of the symptoms, the Physician or Surgeon must be supposed to be well assured. Imitating the Manchester plan, let the city be divided into districts, and the number of patients who will fall to be visited by each Physician or Surgeon, will not be accounted burdensome. Let the Medical Gentlemen, who have attended or may yet attend the Infirmary, be called upon for assistance; they will not shrink from the task. If the Managers think this too much to ask, the other may not reckon it too much to give. It is proper here to put a termination to this discussion, but the Memorialist entertains hopes, that in deviating thus far out of his proper course, he has not incurred the charge of having done so upon any trivial pretext; and if his views meet the sanction of the Managers, the deficiency in the motion can very easily be supplied.

The last and most difficult part which remains for the Memorialist to perform, is to endeavour to show the consistency of the proposed measure with the Charter of the Infirmary. Others, better qualified for entering upon a critical examination of the Charter, and instituting a comparison of it

with the proposed plan, with or without Home-Patients, are among the Managers. The Memorialist, with much diffidence, ventures to state his imperfect views, and most earnestly begs the indulgence and candour of the Managers, while he attempts a task for which he confesses himself so ill qualified. Should his remarks prove to be erroneous, let them be corrected; and if he reason falsely, it originates not in the will, but in the judgment, which may be the more readily led astray when treating a subject, which has interested his feelings, perhaps too powerfully to permit him to think of it with that calmness and deliberation which the subject requires.

Supposing then for a little, that the general scope of what is contained in this Memorial, taken in connexion with the motion which has been made, in the original, or if need be, in an amended form, receives the approbation of the Managers, that no opposition of sentiment exists in the body of contributors, and that the only circumstance requisite, before adopting the plan, is to prove it not to be inconsistent with the Charter; it may be stated, with how much truth let others judge, that it would appear to cast a reflection upon those who presided over the interests of the institution at the dawn of its existence, which they by no means deserve, were any person to allege that they had formed the Charter in such a manner, as entirely to preclude their successors from making any change in the terms in which it was expressed, or of adopting any measures which could be proved to have a direct tendency to enlarge the usefulness of the institution, though not precisely in the way which appeared to them at the time the most proper. The reasons for establishing a Public Hospital, as stated in the Charter, are the number and necessities of the poor, which, as was naturally to be expected, have gone on progressively increasing since that time. It was what they might have anticipated, that circumstances might occur for their successors to give a preference to a different plan from that upon which the institution began. To put the supposition more closely, is it to be supposed, that the only method which can now be adopted by the present Managers, and their successors,

in all time coming, for satisfying the claims of the poor for medical and surgical aid, is to provide lodging for them, by making additions to the buildings of the Infirmary? Or will it be necessary to resort to a more rigorous examination of patients, previous to admission, not for excluding those who do not absolutely require it, but to form a proper ground of preference, by discovering what cases are the most urgent? If the funds of the Infirmary cannot permit the first to take place, the last alternative only remains. How would the Managers feel, on an occasion such as is here supposed, to be obliged to peruse a list of diseased poor, anxiously panting for admission into an Asylum where their miseries were to be relieved, some of whom they must entirely exclude from all benefit from the Infirmary, for an indefinite period? Patients in *expectation!*—they may be compelled to wait, but will the disease stop in its deadly career? Great as the hardship of their situation may be, it must be endured, even without receiving the benefit of medicine in the mean time, for this is a deficiency which the motion is intended to supply. Far distant be the thought of such a prospect as this:—or let the public know upon what ground they stand, when an application is made for money to carry forward what is necessary for the proper accommodation of the needy and diseased poor of the City. The part of the Charter which more immediately relates to the question before the Managers is the following, where, after the preamble, it goes on to state, that “As the number of the diseased poor is constantly increasing, they (namely the City of Glasgow, and the Physicians and Surgeons) find themselves altogether incapable of giving that relief which their cases require, particularly while the poor and diseased live dispersed in different parts of a large city and its suburbs, and are not under their regular and daily inspection. That certain charitable and well-disposed persons, well affected to his Majesty’s person and government, feeling for the miserable state of the diseased poor, and desirous of contributing to their relief, have raised a sum of money by voluntary subscription to be applied under certain rules and regulations, for the purpose of erecting and

supporting an Infirmary in the City of Glasgow, where the sick poor may be collected together, and may have all the advantages of lodging, attendance, diet, medicine, and the ablest advice and assistance,"—and so on.

Than the motives, which influenced those who erected this edifice, nothing can be conceived more purely philanthropic; and it is hardly to be supposed that it was their intention to limit the benefits, of which the poor were to participate from the Infirmary, to all and every one of the intended advantages of lodging, attendance, diet, medicine, and the ablest advice and assistance. Doubtless it was in their contemplation to do something different from this, for the relief of the diseased poor. Unquestionably it was intended to open the Infirmary doors for the poor, to receive gratuitous advice, that part of the Infirmary management which has diffused so much good to its destined objects, but a department in which, in the opinion of the Memorialist, there exists serious abuse, which ought to be corrected. Now, if advice is given away, which, in one sense, is supposed to cost nothing, because it forms no item in the general expenditure; in another sense it does, being properly included in the salaries for medical attendants, who ought in strict justice, to be rewarded according to the extent and difficulties of their labours: and if a small sum is bestowed in this way for a partial benefit, may not a larger be given for another purpose, which shall be productive of still greater advantage? If the Charter can be made to sanction this measure, may it not also allow the distribution of medicine?

The grand and leading principle was charity to the diseased poor, in the best possible way which could be devised, and to allow the public bounty to flow in those channels which were most in need of its refreshing influence, not to restrain it, by insurmountable barriers, from diffusing itself in any other course, on the model of similar establishments, in which the same beneficial ends could be attained in a more extended form, or with peculiar advantages. Indeed it may be laid down as a fixed principle, that if any institution, de-

pending, as the Glasgow Royal Infirmary does depend, upon the continuance of public patronage for support, happen to be bound down to a particular plan of general management, which will allow no deviation for accommodating its measures to improvements which may be suggested, the annihilation of the institution must be the consequence. The plan which is calculated for the largest deviation, is that in which there is afforded every opportunity to accommodate itself to the exigencies of the time, and to give way to the wishes of the public, when these appear to be founded on maxims of general utility, and can be shown to result, not from the influence of party spirit, but from calm and deliberate investigation. The Memorialist cannot persuade himself, that it was the intention of those who framed the Charter for the Royal approbation, to place any barrier against farther improvements, in the way of giving relief to the diseased poor, but to ensure a proper mode of disposing of it. The Memorialist with great pleasure may now refer to another part of the Charter, where are these words: "And his Majesty for himself, his heirs and successors, declares that these his Majesty's letters patent, shall be in and by all things valid and effectual in law, according to the true intent and meaning of the same, and shall be taken, construed and adjudged in the most favourable, and beneficial manner, for the best advantage of the said corporation, notwithstanding any misrecital, defect, uncertainty, or imperfection in these his Majesty's letters patent." Whether these words do not bear the following meaning, the Memorialist cannot take upon him to assert, that the spirit and scope of the proposed establishment of the Infirmary, was to be the general rule for the Managers in making bye laws, and that a certain latitude of explanation of the words of the Charter was allowable, rather than a strict adherence to their literal meaning insisted on. That the proposed measure comes within the compass of such explanation, is not for the Memorialist to determine, but the Managers; who, if they see it advisable, may either enact a law upon the subject, if they have the power of doing so, or take the opinion of a majority of

Contributors at a general meeting, as shall be thought most expedient.

In case these arguments are found unsatisfactory, and that the Managers, or even the general body of Contributors, are prevented by the strict and legal import of the Charter, from annexing a system of Out-Patients to the Infirmary; and supposing the proposed measure to be of sufficient importance for the Managers and Subscribers to wish that it could be carried into practice, and that they are willing to resort to a measure, which, in the humble opinion of the Memorialist, might obviate the difficulty, he would beg leave to quote another part of the Charter: "And his Majesty doth, for himself, his heirs and successors, covenant, grant, and agree, to and with the said corporation or body politic, and their successors, that his Majesty, his heirs and successors, shall and will, from time to time, and at all time hereafter, upon the humble suit and request of the said corporation or body politic, and their successors, give and grant unto them, all such farther and other privileges, authorities, matters, and things, for rendering more effectual this his Majesty's grant, according to the true intent and meaning of these presents, which he or they can or may lawfully grant, as shall be reasonably advised and devised by the counsel learned in the law of the said corporation, or body politic for the time being, and shall be approved of by the Lord Advocate and Solicitor General in Scotland, of his Majesty, his heirs and successors, in his or their behoof."

Whether by an application in the manner suggested in this part of the Charter, the difficulty may be surmounted, the Memorialist refers to those in whose opinion perfect confidence may be placed, to which his ought to give way.

It will afford to the Memorialist no very agreeable reflections, should it happen that, after so long occupying the time of the Managers in hearing this long and perhaps tedious paper, all should prove unavailing; and that a separate institution or Dispensary, if wanted in the city, should be compelled to stand upon its own basis. The motion was

made under different impressions, and in the hope that it could be ingrafted upon the accustomed procedure of the Infirmary, either directly, or by an application to his Majesty through the Lord Advocate and Solicitor General in Scotland. It was thought that the plan had a direct tendency to obviate the peculiar difficulties of the moment, that it could be carried speedily into execution, and if upon trial it was found to fail in attaining the object, it could be as speedily abandoned.

Trusting that the Managers, in judging of this motion, will take into view the various advantages which have been stated, it will only be necessary to remark, that, if the addition of the proposed plan to the Infirmary can be allowed, it would prevent the possibility of all rivalship between two institutions, the objects of which, though somewhat different in form, are the same in essence.

In collecting the respective subscriptions, as much trouble and expense would be incurred, as if they were joined into one; additional motives might be urged for obtaining a more liberal subscription for the Infirmary. No jarring interests could exist, which might otherwise mingle with the proceedings of two laudable institutions, for the support of which, each of the patrons respectively might consider themselves bound, by strong motives of humanity, to exert all the influence in their power. That in certain circumstances, such rivalship, if kept within proper bounds, may be productive of advantage, cannot be denied: but, where the objects so perfectly harmonize, there is danger lest discord might arise, by keeping two institutions separate and distinct from each other, which so nearly coincide—which afford an opportunity for the medical department to give aid to patients in the way best suited to the nature of the case, by the facility with which the denomination of the patients may be changed from one to another, according to the ever varying aspect of the complaint; a facility which can scarcely, by any management, be gained, while the institutions of Infirmary and Dispensary are distinct from each other, and under different management.

To have a more accurate conception of the benefit which will accrue from the plan, it is only necessary to remark, that the Manchester Infirmary, with accommodation for 110 patients only, did, from June 1812, to the same month of 1813, admit 1116 patients into the house; and as it is stated to be generally filled, that number may be regarded as nearly the full complement of patients who can be admitted in a single year. There, they are enabled to keep the wards full, without danger to the patients, in consequence of a separate establishment, for receiving contagious diseases, called the House of Recovery. For such patients, it appears from the annual reports in 1812 and 1813, that in place of building a house, the Managers rented one, a plan which, in the event of urgent necessity, may be adopted by the Glasgow Royal Infirmary, upon the shortest notice. From what is stated, it may be concluded upon very probable grounds, that if with 110 beds, they have been able to admit 1116 patients, the Glasgow Infirmary, with 152 beds, in place of 1155, the number admitted last year, may admit 1542 in one year; or excluding 16 forced beds, as they are called, 186 beds will give 1380.

In regard to admitting fever patients as formerly, without having recourse to the plan of a separate House of Recovery, there is not much probability that the demands for admission of patients of this class will be increased beyond what has been already experienced, while a reduction in the number of other patients may be presumed to take place.*

The number of persons labouring under diseases of the class of contagious fevers is small, in comparison with that which has been found in Manchester; and though the number of other patients has greatly increased, the proportion which we were accustomed to have of contagious diseases, seems to be decreasing, as may be seen by inspecting the table of such diseases treated in the Infirmary since 1796.† Not fewer than 5915 cases of contagious diseases were treated in the Manchester House of Recovery in the course of 17 years; happily, how-

* See Note A.

† Note B.

ever, their number appears to be on the decline, for in place of 1070 being admitted in one year, not many years ago, the number, last year, was only 126. While in Glasgow, in the same number of years, from 1796 to 1813, only 1495 cases of contagious diseases occurred, and the number of these, in regard to the probability of injurious consequences resulting from mixing them with other patients, might have been considerably diminished; as small pox and other diseases, which attack persons only once in life, have been included, as well as Dysentery and Erysipelas, which are not uniformly contagious. To this it may be added, that, considering the number of side rooms, even with full wards, 24 apartments may in general be procured, by means of which the danger of communicating contagion may be in a very great degree avoided. That these apartments are sufficiently ample for ordinary demands, may be seen by inspecting the contagious diseases which have occurred since 1796. The greatest number is 135, the lowest 35, the average about 87. If more than 24 cases occur at one time, and if one ward cannot be set apart for their reception, let them be lodged and attended in a separate House of Recovery, which the Infirmary may rent or build as shall seem most convenient.

If attention is paid to the best means of economising the public purse, it may not be of small importance to remark, that the unavoidable expense, which must be incurred by a separate institution as a Dispensary, namely, in renting a house, in fitting up a Laboratory, in furnishing surgical instruments, in employing an Apothecary and Assistant, if applied in the way of purchasing medicines, would be sufficient for the relief of several hundred patients. Perhaps this measure may be calculated to operate in augmenting the funds of the Infirmary, as affording an inducement for those who cannot afford to give much, to contribute a little. When a gift is presented, we value it according to the ability and views of the donor; the money which may be collected in sums of half-a-guinea, which at present does not entitle the Subscriber to any privilege, but is bestowed from good will to the Infirmary,

may be allowed to qualify a Subscriber to recommend an Out or Home-Patient, on giving security that if such a patient shall be made an In-Patient, a proper recommendation shall be procured, or a penalty paid in case of failure; and thus, to the influence which benevolence is able to exert upon the mind, we would add, the power which in this way Subscribers would acquire, of conferring benefit upon such objects of distress as came into their view. The saying is common, and we may recollect that it is particularly so among those from whom such sums may be expected, that for value given, value ought to be received; and it would be inexpedient to reason against it, when so much advantage may be derived from the general diffusion of the sentiment.

Thus has the Memorialist endeavoured to quit himself of the engagement, under which he voluntarily placed himself. Inaccuracy in the statements which have been made, he has endeavoured to avoid, to the utmost of his power. Of the sources of information which were within his reach, he has endeavoured to make the best use he could; and he cannot refrain from stating his obligations to Mr Houldsworth, who, unsolicited, procured the valuable communication from Dr Mitchell of Manchester, with a variety of annual reports and printed regulations, which, in the event of a similar plan being determined upon, would greatly facilitate the extension of the new laws and regulations which it would be requisite to adopt.

JOHN NIMMO.

APPENDIX.

ABSTRACT OF EXPENSE, FOR PATIENTS

In various Infirmaries in different Years.

GLASGOW ROYAL INFIRMARY.

1809	To ordinary Charges of the House,				1766	4	6			
	To Blankets, Repairs, Sheetting, &c.				324	11	8			
1810	To Legacy Duty, Stationery, &c.				73	3	4			
	Sundries for 938 Patients, at -	-	2	6	1	4		2163	19	6
1811	Medicines for do. at -	-	0	10	10	1		509	4	5
	Total Expense for do. at -	L	2	10	11	1		2673	3	11
1812	To ordinary Charges, -				1643	3	2			
	To Blankets, Sheetting, Repairs, &c.				417	8	3			
1813	To Duty and Charges on Legacy, &c.				28	13	4			
	986 Patients, at -	-	2	2	4	1		2089	4	9
1814	Medicines for do. at -	-	0	7	1			586	15	4
	Total Expense for do. at -	L	2	9	5	1		2476	0	1
1811	To ordinary Charges, -				1643	13	5			
	To Blankets, Sheetting, Repairs, &c.				633	19	2			
1812	1057 Patients, at -	-	2	3	1			2277	12	7
	Medicines for do. at -	-	0	8	8	1		459	16	4
1813	Total Expense for do. at -	L	3	11	9	1		2737	8	11
	To ordinary Charges, -				1606	5	6			
1814	To Repairs, Furniture, Blankets, &c.				258	7	4			
	To Stationery, Insurance, &c. -	-			130	7	11			
1815	956 Patients, at -	-	2	1	8	1		1995	0	9
	To Medicines for do. at -	-	0	13	2	1		632	5	1
1816	Total Expense for do. at -	L	2	14	11	1		2627	5	10
	To ordinary Charges, -				2055	11	9			
1817	To Repairs, &c. to Stationery, &c.				586	2	6			
	1002 Patients, at -	-	2	12	11			2641	14	3
1818	Medicines for do. at -	-	0	15	3	1		665	1	2
	Total Expense for do. at -	L	3	6	2	1		3206	15	5
1819	To ordinary Charges, -				2193	6	0			
	To Repairs, &c. to Stationery, &c. -	-			427	6	9			
1820	1155 Patients, at -	-	2	5	4	1		2620	12	9
	Medicines for do. at -	-	0	17	6	1		1018	14	11
1821	Total Expense for do. at -	L	3	2	11			5639	7	8

MANCHESTER INFIRMARY.

	1809.	1810.	1811.	1812.	1813.
To Drugs,	915	19	6	928	15
Hog's Lard, Wax and Honey,	47	5	9	64	6
Wine and Spirits,	202	9	11	248	15
Porter,	12	0	0	25	4
Groceries for Shop,	77	8	0	83	0
Bottles, Vials, &c.	98	2	6	127	6
Lint and Tow,	13	10	0	41	1
Leather for Plasters,	16	1	0	101	7
Lemons and Oranges,	11	14	0	20	15
Trusses, and Surgical Instruments,	126	19	0	135	11
Leeches,	217	8	0	37	18
	L.	1524	8	1723	10
			1	1663	12
			9	2347	19
			0	2552	17
					8

ABERDEEN INFIRMARY.

To Medicines,	299	5	8	440	10	8	531	11	1
Wine and Spirits,	253	4	3	798	0	11	597	0	0
	L.	552	10	0	838	11	74	928	11
									14

SHEFFIELD INFIRMARY.

To Drugs, Spirit of Wine and Wine,	226	15	2	240	13	11
Surgical Instruments, Trusses, Lint, &c.	68	8	3	65	15	0
	L.	295	3	5	306	6 1 1 $\frac{1}{2}$

NOTTINGHAM INFIRMARY.

To Wine and Spirituous Liquors,	51	1	0
Medicines,	298	13	11
Sundries, as Lint and Tow, Bottles, &c.	130	4	11
Surgical Instruments,	11	15	10
	L.	491	15
		8	

GREENOCK INFIRMARY.

To Surgical Instruments and Tow,	2	12	2
Glasgow Apothecaries' Hall, for Medicines	1	8	5
Medicines,	44	18	8
Wine,	56	5	9
Spirits,	114	6	
Beer and Porter,	20	19	0
	L.	127	18
		6	

NOTE A.

It may not be improper to review, in a very general manner, the statement of diseases for which patients were admitted into the Infirmary in the course of the year 1813.—In reading over the list, the Memorialist cannot refrain from thinking that many of the cases might have been treated and cured as Out-Patients; and there are certain classes of diseases, of which, in general, it may be said, that as frequently they are treated with success, by medicine purchased at a Surgeon's shop, so they might be treated with equal advantage at the Infirmary as Out-Patients, with more economy than as In-Patients. To instance cutaneous diseases—that among this class, some may be found to require admission into the Infirmary, is no doubt true; but for a very large proportion, this is not necessary. Thirty persons of this description, and five of Scald head, (another form of cutaneous diseases,) were admitted last year. There are other classes of diseases, the degree of severity and violence of the symptoms of which admit of many shades, in regard to which though it may safely be asserted, that many of them might be treated as Out-Patients, it is not possible to form a probable conjecture as to their number. To name a few of these we may instance, Abscess, Bruise, Burn, Fracture, Joints diseased, Ulcer, Wound, among the surgical cases, in all 245 cases, a considerable number of whom, but how many it is impossible to state with accuracy, might be cured in the less expensive way of Out-Patients; not to mention more surgical patients among classes less numerous, among whom, by a similar principle of selection, a proportion might be found capable of being treated as Out-Patients, with equal advantage.

Among the classes of cases which generally come under the care of the Physician, which ought to be admitted with some reserve, and only in particular circumstances, may be reckoned Lues Venerea, of which, 88 were admitted. As diseases in which the symptoms vary in degree from a very mild form, to one of the aggravated description, where consequently there must remain a power of selecting and assorting them into classes, may be men-

tioned, Consumption, Diarrhœa, Dropsy, Dyspepsia, Erysipela, Headach, Hysteria, Inflammation of the eyes, Rheumatism, forming a list of 261 cases, apart from any less numerous lists of other diseases, out of which, by proper selection and assortment, proper objects for the class of Out-Patients might have been found.

To those dismissed, relieved, advice, desire, improper, and incurable, or to many of them amounting to 215, perhaps the advantage would not have been small, had they been treated as Out-Patients. Of 695 dismissed cured, how much sooner they might have been discharged from the house, but retained as Out-Patients, cannot be discovered; but from the number from which other Hospitals have been freed in this manner, it may be presumed the list might not be inconsiderable, and the economy of no trifling value to the institution.

(NOTE B.)

STATEMENT OF CONTAGIOUS DISEASES

ADMITTED INTO THE

Glasgow Royal Infirmary,

FROM 1796 TO 1813.

Year.	Continued Fever.	Dysentery.	Erysipelas.	Scarlatina, and Cynanche maligna.	Measles and Chincough.	Small-pox.	Total each year.
1797	84	2	2	2		4	94
1798	45	1	7			9	62
1799	123		6		1		135
1800	104	12	4		7	1	128
1801	63	7	7		2	1	80
1802	104	1	2	8	1		116
1803	85	5	6	5			101
1804	98	4	7				109
1805	99	1	2	4		3	109
1806	75	3	2	2	1	1	84
1807	25		5			5	35
1808	27	6	11	3	9	1	57
1809	76	5	8		2	10	101
1810	82	5	11			2	100
1811	45	3	9	7	5		69
1812	17	1	12	2	2	4	58
1813	35	5	26	9		2	77
	1192	61	127	42	30	43	1495